

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **101729189**
APPLICANT(S)

FILING DATE

6-23-04

CLAIMS

6/23/04

	AS FILED		AFTER TRY AMENDMENT		AFTER END AMENDMENT	
	NO	DEP	NO	DEP	NO	DEP
1						
2						
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47						
48						
49						
50						
TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER TRY AMENDMENT		AFTER END AMENDMENT	
	NO	DEP	NO	DEP	NO	DEP
51						
52						
53						
54						
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56						
57						
58						
59						
60						
61						
62						
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97						
98						
99						
100						
TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

1 of 3

CLAIMS ONLY

SERIAL NO.

10/729189

FILING DATE

APPLICANT(S)

6-23-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	0					
TOTAL DEP.	50					
TOTAL CLAIMS	50					

	6-23-04				*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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54						
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100						
TOTAL IND.	2					
TOTAL DEP.	48					
TOTAL CLAIMS	50					

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

CLAIMS ONLY

SERIAL NO.

10/729189

FILING DATE

APPLICANT(S)

6-23-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	7						TOTAL DEP.						
TOTAL CLAIMS	10						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

3 of 3